

FIRE PREVENTION PLAN CHECK APPLICATION

PROJECT# _____
(FIRE DEPT. USE ONLY)

DATE: _____

TYPE OF PLAN: (PLEASE SELECT ONE ONLY)

_____ Building/New Construction

_____ Building/Tenant Improvement

_____ Sprinkler/New Construction
(_____ Heads)

_____ Sprinkler/Tenant Improvement
(_____ Heads)

_____ Fire Alarm

_____ Fire Hydrant/Fire Access

_____ Fire Suppression System

_____ Spray Booth

_____ Above Ground Tanks
(_____ Tanks)

_____ Underground Tanks
(_____ Tanks)

_____ OTHER

PLEASE PRINT - MUST BE FILLED OUT COMPLETELY

PROJECT NAME:		
PROJECT ADDRESS:		
DESCRIPTION OF WORK:		
COMPANY & CONTACT PERSON:		PHONE#:
ADDRESS/CITY/STATE/ZIP:		
STATE LIC.#	CLASS:	EXP. DATE:
CITY BUSINESS LIC.#	EXP. DATE:	
CURRENT BUILDING USE:	PROPOSED BUILDING USE:	
OCCUPANCY CLASSIFICATION:(per UBC)	SQ.FT.	TYPE OF CONSTRUCTION:
IS BUILDING SPRINKLERED? _____ YES _____ NO		

(FIRE PREVENTION OFFICE USE ONLY)

Plans Submitted By: _____

Plan Review Fees: _____

Plan Review Checked By: _____ Date: _____